



ETHICS DISCLOSURE STATEMENT
CONFLICTS OF INTEREST – DECISIONS AND VOTING
 State Form 55880 (R / 10-15)
 OFFICE OF THE INSPECTOR GENERAL
 IC 4-2-6-9

INDIANA
 STATE ETHICS COMMISSION

MAR 7 2022

FILED

In accordance with IC 4-2-6-9, you must file your disclosure with the State Ethics Commission no later than seven (7) days after the conduct that gives rise to the conflict. You must also include a copy of the notification provided to your agency appointing authority and ethics officer when filing this disclosure. This disclosure will be posted on the Inspector General's website.

Name (last) Wojtowicz	Name (first) Jean	Name (middle)
Name of office or agency Department of Financial Institutions		Job title Member of the Indiana Department of Financial Institutions
Address of office (number and street) 30 S. Meridian St, Suite 300		City Indianapolis
Office telephone number (317) 232-3955		ZIP code 46204
Office e-mail address (required) jwojtowicz@cambridgecapitalmgmt.com		

Describe the conflict of interest:
 Jean Wojtowicz is a Member of the Indiana Department of Financial Institutions. The Members are the governing body for the Indiana Department of Financial Institutions, and hold regular Members meeting to make decision on applications that are submitted to the Department for their consideration. Jean Wojtowicz is also on the board of Directors for First Merchants Bank, which has submitted a merger application for the Members' consideration at the March 10, 2022 Members' meeting.

Describe the screen established by your ethics officer: (Attach additional pages as needed.)

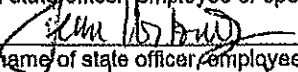
Wojtowicz will not participate in the discussion, be present for the vote, or vote on the merger application.

AFFIRMATION

Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.

Signature of state officer, employee or special state appointee

Date signed (month, day, year)



3/3/22

Printed full name of state officer, employee or special state appointee

Jean Wojtowicz

FOR ETHICS OFFICER USE ONLY

Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.

Signature of ethics officer

Date signed (month, day, year)



3/7/22

Printed full name of ethics officer

Nicole Buskill

Buskill, Nicole R

From: Buskill, Nicole R
Sent: Monday, March 7, 2022 11:20 AM
To: Fite, Tom
Subject: Wojtowicz Notice
Attachments: Wojtowicz Disclosure 3.10.22.pdf

Director Fite, this is to inform you that Jean Wojtowicz has informed us of a conflict at the March 10, 2022, Members Meeting. Due to the conflict, which is disclosed in the attached Decisions and Voting disclosure form, Wojtowicz will not participate in the discussion, be present for the vote, or vote on the merger application that will be presented to the Members. Please let me know if you have any questions.

Nicole Buskill

General Counsel

Indiana Department of Financial Institutions

Office: 317-232-3955

nbuskill@dfi.in.gov**CONFIDENTIALITY STATEMENT:**

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